

*Handbook for*  
**BUILDING COMMUNITY CAPACITY**



*Heart of the Land Project*

The Alberta Heart  
Health Project  
1999



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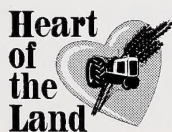
# BUILDING COMMUNITY CAPACITY

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Handbook #2 in the  
Heart of the Land Series

*This manual is a product of*  
*“Heart of the Land” Project*

An initiative of the  
The Alberta Heart Health Project



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# PREFACE

## THE ALBERTA HEART HEALTH PROJECT

Cardiovascular disease, the leading cause of premature death among Albertans, has a severe impact on the quality of life in Alberta. More than half of adult Albertans have an elevated risk of developing cardiovascular disease. A 1990 Alberta Heart Health Survey indicated that 57% of the adult population exhibited one or more of the three major heart health risk factors: high blood cholesterol, high blood pressure, and use of tobacco. If physical activity is also included as a major risk factor, the percentage of adult Albertans at risk increases to 72%. The survey also made it clear that greater heart health awareness and community involvement in heart healthy activities are needed before Albertans can take primary responsibility for preventing the disease. For these reasons, Alberta Health decided to participate in the Canadian Heart Health Initiative (CHHI), a nationwide impetus to encourage provincial health systems to explore strategies for mobilizing community resources and enhancing community participation in heart health promotion activities. In 1993, the Alberta Heart Health Project (AHHP) was launched, being jointly funded by Alberta Health and Health Canada.

The primary objective of the AHHP was to promote heart-healthy lifestyles by facilitating and evaluating community-based initiatives that may reduce the risk of cardiovascular disease in Alberta. The demonstration phase (1993-1997) was an investigation of strategies for enhancing heart health promotion in diverse communities. The four demonstration sites were: a comprehensive school health project in the City of Calgary; a large urban workplace site in the City of Edmonton; small rural clusters surrounding the City of Red Deer; and the urban/rural towns of St. Paul and Bonnyville. The common aim of research at these sites was to document community involvement in heart health promotion and to understand the elements that constitute the readiness and capability of rural and urban settings to adopt heart health initiatives. Project volunteers worked to accomplish this goal through awareness and education about heart disease, and by creating an environment that supports heart healthy lifestyles. Community leaders participated as partners with project researchers to implement and sustain their shared goals for heart health promotion activities in the demonstration sites.



Project researchers investigated the following questions: What motivates communities to become involved in heart health activity? How can community-based interventions facilitate the adoption of heart healthy lifestyles? Did the demonstration projects develop heart health promotion models useful to other communities? The results of the evaluation were encouraging. The AHHP has provided useful information about how heart health activities can be sustained by integrating vision, leadership, resources and support into the health system. This valuable experience has provided Alberta Health, participating Regional Health Authorities and other organizations, with strategies for implementing workplace heart health initiatives, as well as with knowledge for disseminating heart health promotion to Albertans.

“Heart of the Land” was the name of one demonstration site in the AHHP. This project was based in small rural communities in central Alberta and especially explored methods to assess and evaluate community capacity, i.e., the extent to which a community and its agency partners can develop, implement and sustain actions for strengthening community health. Several elements of community capacity were identified. An integrated model was developed linking these key elements of community capacity with heart health promotion strategies and with determinants of health. The **Heart of the Land Series** consists of three handbooks: *Handbook for Heart Health Strategies in Rural Communities*, *Handbook for Building Community Capacity* and *Handbook for Assessing Community Capacity*. These resources are based on experiences and learnings in the Red Deer project, and they are meant to assist health and community project organizers in planning, implementing and evaluating health promotion initiatives.

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SECTION 1  
PURPOSE OF THIS  
HANDBOOK

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# Purpose of this Handbook

This is the second handbook in the **Heart of the Land Series**, written for the Alberta Heart Health Project. The purpose of this handbook is to describe a community capacity building approach in mobilizing health promotion initiatives. By the time you read further along in the handbook, the our meaning of the term *capacity* should become clearer.

All three handbooks reflect the experiences and lessons that we learned in the **Heart of the Land Project**. The first, **Handbook for Heart Health Strategies in Rural Communities**, describes ideas for planning, implementing and evaluating a rural heart health project. **Handbook for Assessing Community Capacity** is the third in the series and describes ways to evaluate community capacity building. We encourage you to read all three handbooks as they are all linked through concepts and experiences.

In **Handbook for Building Community Capacity**, we take a closer look at working effectively with communities—no matter what the issue might be. We have begun to identify key areas that are important to a community's capacity and to explore how we could help communities build capacity. The lessons we learned have been rewarding and have had impact on many aspects of our continued work in health promotion.

This handbook is divided into several sections. In **Section 2**, we provide background information about **Heart of the Land** and how we came to focus on community capacity. Then in **Section 3**, we define community capacity and why project organizers should adopt a capacity building approach. In **Section 4 - The Community Capacity Domains**, we discuss seven domains, or elements, of community capacity covered in this handbook.

For each domain we provide (a) a definition, (b) our beliefs, assumptions and reasons for building community capacity in that particular domain, (c) learnings from our experience in **Heart of the Land**, and (d) a checklist of ideas for building capacity.

At the end of this booklet, we have included a glossary and a reference section. **Section 5 - Glossary** will give you definitions of the more technical words and phrases which we use in this booklet. Superscript numbers designate references and they can be found in **Section 6 - References**.

SECTION 2  
BACKGROUND TO  
HEART OF THE LAND

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# Background to *Heart of the Land*

**Heart of the Land** was one of the four demonstration sites in the Alberta Heart Health Project (AHHP). Like other demonstration projects launched by the AHHP, **Heart of the Land** was grounded in the principles of community participation and the mobilization of community resources. These principles reflect the understanding that broad-based changes in the community are more likely to happen if the people close to the issues are involved in finding the solutions. We selected rural community clusters of about 1,500 people each to phase into the project. In 1993 we introduced the project to the first community cluster, and in 1994 the second community cluster became involved. We had selected a third community to be included but because of limited resources, the project was not fully implemented there. We did, however, support some activities in the third community.

## Project Goals

The three goals of **Heart of the Land** were to:

1. Increase personal awareness and knowledge and change health behaviours.
2. Build linkages and structures to sustain heart health.
3. Enable communities to take action in support of heart health.<sup>2</sup>

To achieve these goals, the following strategies were implemented:

- Building partnerships
- Involving volunteers
- Screening individuals for heart disease risk
- Educating the community about heart health
- Using a facilitation role for the health professional
- Working with the media
- Developing support groups
- Advocating for healthy public policy

One strategy that was not implemented and that we would now recommend is the establishment of a community network.

These strategies are discussed at length in the first handbook in this series, ***Handbook for Heart Health Strategies in Rural Communities***.

## Community Capacity Building

To impact the third goal of **Heart of the Land**, we began to understand that we needed to link heart health promotion strategies with a community capacity building approach. First, we'll describe what our approach was and then we'll discuss what we would do differently.

For most of our work in **Heart of the Land**, the approach taken could be described as community mobilization. This means that the Alberta Heart Health Project team identified the issue (heart health) and project staff worked with community members and groups to reduce heart disease risk behaviours and to improve lifestyle.

For the first three years of our project a coordinator worked to mobilize community members and groups utilizing the strategies identified above. These strategies resulted in (a) an increase in participants' awareness and knowledge of risk factors and how to change these, (b) positive changes in personal health behaviours, and (c) changes to support healthy environments in the targeted communities.

A community capacity building approach was introduced in Year Four. This centred on the concept that the community needs to actively participate and take leadership in identifying health needs and the actions to address those health needs. This approach was different from the community mobilization and focused on:

- Involving community members in planning, implementing, and evaluating heart health activities in order to facilitate community ownership
- Integrating efforts aimed at changing individual behaviours and changing social and physical environments
- Linking heart health to other community health priorities
- Utilizing and building upon existing resources in the community
- Building upon strengths and developing leadership in the community
- Entrenching successful activities into the community's way of life<sup>3</sup>

Community Health Promotion Facilitators were essential in implementing this approach in each of the rural community clusters (see ***Handbook for Heart Health Strategies in Rural Communities: Strategy 5.6***). In addition, a Heart Health Resource Group was organized in the health region to address the heart health education needs of the communities (see ***Handbook for Heart Health Strategies in Rural Communities: Strategy 5.5***).

Through our experiences in Heart of the Land we found that the two approaches described above are complementary to each other. We did learn, however, that increased emphasis on community mobilization did not lead to increased community ownership of heart health. We did find that individual behaviors changed, however, sustained, community-wide commitment was not strong at the end of the project. It is our belief that a community capacity building approach is the underpinning to sustainability. If we were to do it all again, we would start from a capacity building approach.





SECTION 3  
WHAT IS COMMUNITY  
CAPACITY AND WHY  
BUILD IT?

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# What is Community Capacity and Why Build it?

*"We have ventured into the land beyond the needs assessment phase - facing new challenges, finding new rewards, and experiencing great professional and personal growth."*

-project staff

## What is Community Capacity?

Simply put, community capacity is the ability of the community to work together effectively to take action on its unique health concerns. Within the heart project, community capacity was defined as the degree to which the community and its agency partners can develop, implement and sustain actions for strengthening community health.<sup>4</sup> This definition was useful in our research because we wanted to examine the professional's role in community capacity. We offer two definitions of community capacity; however, for the purposes of this handbook, we use the first one because we believe it is easier to understand.

Community capacity is closely related to two other concepts—community competence and community resilience. Community competence is a process whereby the organizations and groups within a community "are able to collaborate effectively in identifying the problems and needs of the community; can achieve a working consensus on goals and priorities; can agree on ways and means to implement the agreed-on goals; and can

collaborate effectively in the required actions" (Cottrell, 1976, as cited in Stanhope & Lancaster, 1992).<sup>5</sup> Community resilience is "the capacity of a community to activate itself in a more or less successful response to what its members define as negative aspect of given events" (Kulig and Hanson, 1996).<sup>6</sup>

We discovered that practical planning and assessment tools were scarce in the area of community capacity and so we sought to develop our own. Through consultation with Dr. Michael Bopp of the Four Worlds Centre for Development Learning and Dr. Ron Labonte of Communitas Consulting (both are recognized internationally for their work in health promotion and community development) we identified key qualities or characteristics that are present in communities with capacity.

At a workshop, we answered the question, "What is it about a community group that makes its actions effective?" By answering this question and studying the literature we were able to lay the foundation for describing the qualities a community needs to take effective action.

## Seven Domains of Community Capacity

We refined a list of qualities into seven domains, or elements, of community capacity. At this point in our work, we believe that each of the domains should be

considered equally important. The seven domains, which are examined in detail in

**Section 4**, are as follows:

- 1. Shared Vision**
- 2. Experience of Community**
- 3. Resources**
- 4. Knowledge and Skills**
- 5. Participation**
- 6. Leadership**
- 7. Critical Learning**

## What is Community Capacity Building?

Community capacity building is a process of building upon the strengths, resources, and problem-solving abilities already present in individuals and communities. It is about developing the seven domains (identified above) in order that a community can more effectively address its concerns. These concerns could be related to health or other issues.

It is the process of empowering and enabling a community to:

- Obtain and use the skills to care for itself
- Determine its unique needs
- Develop ways and means of meeting those needs

## Why Build Community Capacity?

A community capacity building approach embraces what some may consider a new way of working in health promotion. The key difference between this approach and

others you might have been involved in rests on the principles of community participation. This means to us that community members are involved in all aspects of a project—not just coming out to events and activities but being involved in planning the project—from the beginning through to reflecting on the successes and challenges.

Why do we advocate this approach? We firmly believe that health promotion initiatives that build the capacities of communities will more likely be sustained by community members and be more effective in improving health.

This approach requires project organizers—health professionals and community leaders—to take a facilitative role in their work. Rather than coordinating all events, activities, and evaluation, project organizers must work hard at encouraging and developing the community to participate (see ***Handbook for Heart Health Strategies in Rural Communities: Strategy 5.6***). The basis for this approach is to help ensure that the community's efforts are directed toward the issues of most importance and that result in the most effective initiatives.

## Principles for Facilitation in Community Health Promotion

We recommend that you take time to develop principles from which you will work. From our experience this step proved to be invaluable as we faced the challenges in how to actually operationalize community capacity building.

Through the process of developing principles for our practice, we gained insights into our own beliefs and values, and the perspectives of others in working with communities.

*“When people are actively involved in defining and addressing their own issues, they gain self-understanding and develop social contacts and skills that can enhance health.”*

-project staff

The five principles that we developed are as follows:

### **1. Ongoing critical reflection is essential.**

This means creating an environment for learning by keeping doors to participation open, challenging unspoken assumptions, welcoming diversity as positive and necessary for change, recognizing small successes, celebrating and having fun.

*“I found it quite a challenge to be a facilitator rather than an educator. As an educator, I had to stand up and tell everybody how to do something or what to do. As a facilitator, I mobilize others to be able to do it for themselves.”*

-project staff

### **2. Build positive relationships with people.**

This means developing trusting relationships based on honesty and integrity, completely shared and open communication, validation and affirmation of others.

*“I cannot work in isolation. I need to know and develop a positive, trusting relationship with the community people as well as the many health professionals/resource people who work in the field of community development.”*

-project staff

### **3. Respect the uniqueness of each community.**

This means knowing the community and finding a common, non-judgmental, starting point. It involves recognizing, validating and building on people's strengths and resources, while focusing on and addressing inequities and welcoming diversity.

*“To arrive at a deeper understanding of community issues and priorities, it is necessary to spend time with each community, and engage in discussion with as many people as possible.”*

-project staff

### **4. Empowerment and participation are key to success.**

This means working with people, not for them by supporting the community's right to make choices, maximizing participation in numerous ways, involving the people directly affected by the issue (often those not normally heard), collaborating intersectorally, sharing decision making and sharing power.

*“We must be able to help people address issues that are important to them, to start where the people are at, rather than impose our perceptions of their needs.”*

*-project staff*

## **5. Shared vision is critical to success.**

Developing and building a common future vision among citizens of a community is critical.





SECTION 4  
THE COMMUNITY  
CAPACITY DOMAINS

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CAPACITY DOMAIN 4.1  
Shared Vision

# Shared Vision

*“...a practical, functional idea that connects global thinking directly with local action and local government, that pulls in the energies of business leaders, educational and planning professionals, and the neighbourhoods, that brings people together rather than dividing them into special interest groups, and that connects one community to another, in a global network of communities learning from each other. The idea works because it attracts the enormous personal energy and resources of the community. The people of the community own every part of it. It reflects their values. It gives them power and permission to make a difference in their lives. It gives them a lever and a place to stand”.<sup>8</sup>*

**We define** a shared vision as an agreed upon preferred future that speaks to the goals for a healthier community. Communities with capacity find strength to act together when they have a shared and compelling picture of a healthier community.

**We believe** that people must feel that they can make a difference and a shared vision will help strengthen this. Community members from all walks of life must come together to create a vision. We also believe that people must be able to describe a common community vision and that the vision must be strong in order to motivate all people to participate in working towards a healthier community.

**Visioning** is an important step in creating the future we want for our communities. Visioning in communities has been part of our heritage, where people have had a dream and worked together to make it happen. It can be a powerful experience.

**A vision** inspires and motivates people to move forward together with strength and purpose. A clear vision is one of the essential elements of community capacity building wherein the community identifies who they are, where they want to go, who's going to do what, and how they will know they have succeeded when they get there.

*“A vision is a community dream—a positive, detailed image of what the community wants to create for itself, its children and grandchildren in the future”.<sup>9</sup>*

The community must clearly establish what health means to its members and take ownership of its future. Ownership comes as a result of the community coming together to create a common, shared vision. Ownership then, is only created through direct participation of the community in identifying its desired future.

Successful actions or strategies in a community health promotion project are clearly linked to a strong community vision. The vision must be clearly and simply written using the words of the people of the community in a positive way. All community members should be able to state in their own words the vision of the community.

## *Heart of the Land Experience*

There was little evidence of a common or shared vision in the targeted communities of the **Heart of the Land** project. We did not engage the target community clusters in a specific exercise to create a picture of what a heart healthy community meant and, therefore, no vision statements were created. Consequently, community members had mixed ideas about what the project was all about, and people could not clearly articulate what the heart project would achieve in the long term for their community.

*“People were hesitant to get involved the first year, more so than the second, because they were not sure what they were going to be involved in.”*

- project participant

Some of the community members participated in heart health activities because they were personally interested in the issue. In particular, they attended the risk screening clinics for the heart health information to improve their lifestyle. In fact, many community members related the sole purpose of the heart project as a research venture in which we collected information about their heart disease risk factors, and offered information on heart health.

*“We knew that we were involved in a pilot project about heart research.”*

-project participant

We learned that it is difficult to increase community responsibility for health without a vision that embraces community action and involvement. We did not work toward a

shared vision, and therefore it was unrealistic to expect target communities to take ownership of and sustain heart health.

## Ideas for Creating a Shared Vision

### **1. Involve the whole community.**

Get as many people as possible, from as many walks of life as possible to come to a special visioning event.

### **2. Brainstorm ideas.**

Use brainstorming to ask everyone involved in the visioning event to talk about their ideas as to what a healthier community would look like. A big list of ideas for a preferred future is what you're after.

### **3. Put ideas in writing.**

Ask people to write a letter to a friend that has moved away (or perhaps a letter to the editor) describing the healthy changes in the community—perhaps 10 to 15 years from now.

### **4. Get people to wear different hats.**

Have people imagine the ideal future through the eyes of people who differ by age, socio-economic status, race, ethnic origin, gender, and place of residence.

### **5. Use pictures.**

Drawings, slide shows, and photographs are just a few different ways you can get people to envision the future views of the community. Use existing pictures to stimulate discussion as to what could be in the ideal future.

## **6. Get lots of input.**

Place a draft of a vision statement in public places. For example, farmers' markets, shopping malls and skating rinks. Get volunteers to elicit feedback and comments from passers-by.

## **7. Working with a current community vision.**

It is important to acknowledge and build upon existing visions. Perhaps review the vision by asking what needs to be kept, what needs to be dropped and what needs to be added. In any event, we recommend that the vision is currently shared by many in the community.

### **Summary - Shared Vision**

An effective shared vision:

- Describes an ideal future
- Has been created by people from many walks of life
- Considers what is unique about the community
- Reflects community values
- Is agreed upon by the community
- Is written clearly, simply, and in the present tense
- Inspires and motivates people to work together
- Takes time to create and communicate



## CAPACITY DOMAIN 4.2

# Experience of Community

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# Experience of Community

*“Communities felt there have been significant changes in the past few years. Rural communities are no longer self-sufficient and not as stable with people moving in and out more frequently. All communities indicated they still pull together in a crisis.”<sup>10</sup>*

**We define** the experience of community as a sense of belonging to the community, as a shared history and an identification with a shared history. It denotes one’s sense of being a part of a community which is supported by traditions, celebrations, ceremonies, and rituals. These are the ways community members come together to recognize and renew their relationships with one another.

**We believe** that the experience of community is affected by the quality of the relationships among the people and organizations within that community and that a community is held together by shared beliefs, interests, and commitments. Strong bonds are established among community members in order for a common identity to exist and support is needed to link community activities and foster relationships. Health is a by-product of strong communities.<sup>11</sup>

## *Heart of the Land* experience

In each of the target clusters, there were communities that were situated very close to one another. Despite the geographic closeness, each community wanted activities and events that were distinct to their own

particular community. This was an important lesson in that each community is unique and has its own set of experiences, interests, resources, and needs. As project organizers we must respect these values and ways of living to be successful in health promotion.

Both the community members and project staff felt there was good integration of heart health into the community way of life. Examples of this were—heart health displays and low fat foods served at community suppers, recipe cards made available at local markets and craft sales, heart health promotion floats in parades, and information booths at trade fairs. People suggested that there was considerable talk about the heart project at various functions within the community and this was a good barometer of community awareness.

The potential was there for further integration into winter carnivals, dance groups, and activities for youth such as Scouts and 4-H. This was another lesson in that there are many opportunities for integrating heart health into existing community events.

*“Any time there is a community function, people are talking about what’s heart healthy.”*

*-project participant*

There was a sense of comradeship that developed when community members came together to plan heart health activities. This was particularly evident at risk screening

clinics which were held right in the communities. This was the third lesson we learned about experience of community; people value events held in their own communities.

*“To get health into social activities was a major accomplishment.”*

*-project partner*

## Ideas for Building Experience of Community

### **1. Use the talents and resources of individuals and groups.**

Acknowledge the strengths that exist within the community and openly invite people to share them. Encourage and support the involvement of people who are willing to volunteer their time and talent. Invite those who do not normally participate by having others mentor and describe the benefits of volunteering.

Acknowledge that some people are planners and others are doers, and plan to involve each type of person.

### **2. Find ways to connect with people who are new to the community.**

The purpose is to welcome newcomers and help them to feel a part of the community. For example, members of parent councils at schools can contact parents of new students to offer support, information, and provide opportunities to interact. Members of community groups can volunteer to greet, inform

and invite newcomers to participate in an initiative.

### **3. Plan for activities to be woven into existing community events.**

In rural areas it is particularly advantageous to plan activities in association with existing events, particularly those events that have become a tradition. People assume many roles in a rural community, so it makes sense to establish linkages and connections wherever possible.

### **4. Plan a major event in the community.**

An event may be used as a kick-off to increase community awareness. It can create interest, offer an opportunity for action-oriented people to be involved, and provide a way to institute a new tradition.

### **5. Encourage the celebration of community successes.**

Plan social events that focus on the celebration of successes. Involve the media in spreading the word about local events and community successes. Honor people and organizations publicly for their participation. These events will enhance the feeling of pride with volunteerism and the community.

### **6. Involve children in learning about the uniqueness of their community.**

Incorporate learning about local history and community successes into school curricula and other activities.



## **7. Invite community members to share the community history.**

Encourage community members to talk about the life of the community. This could be done by having community members identify significant events and then write these on a time line that shows the community's history. Sharing the history can lead very well into a discussion of the present.

## Summary - Experience of Community

Experience of community is often strengthened when:

- Opportunities exist where history is shared
- People can ask for and provide help to each other
- Positive relationships are valued and constructive problem-solving takes place
- Many informal and formal groups are available for people to belong to
- People are proud to belong to their community
- There is a shared vision based on common beliefs, interests and circumstances

## CAPACITY DOMAIN 4.3

### Resources

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# Resources

*“If communities are to meet the dual challenges of increasing needs and dwindling resources, they will need comprehensive strategies to enhance their philanthropic and volunteer capacities.”<sup>12</sup>*

**We define** resources as time, money, leadership, volunteers, information and facilities within the community and, when necessary, the ability to access these outside the community.

**We believe** that resourceful communities:

- Identify and effectively use available resources
- Readily access resources outside the community
- Form linkages and partnerships to maximize shared resources
- Involve volunteers in many aspects of the community

The more a community can identify and effectively utilize their various resources and are able to access resources outside the community, the greater the capacity of the community to address health needs.

**Sharing resources** is important in community life. With cutbacks in government funding in health, education, and social services we find that communities, private agencies, families, and individuals are giving more of their time, money and services. If communities are to meet their needs and build capacity with reduced available public resources, they will

need to create strategies to maximize such resources. People must truly believe that they can make a difference in their own community in order to commit resources.

Local community organizations are the backbone of many rural communities. These organizations are often a valuable source of local leadership and you need to identify the leaders to take stock of community assets and make connections. It is beneficial to gain the interest and support of local community groups and their leaders to build partnerships within the community.

Establishing common ground and bonds between local organizations is important in building partnerships and working toward collaborative resource utilization (see

***Handbook for Heart Health Strategies in Rural Communities: Strategy 5.2***).

## *Heart of the Land Experience*

Both community members and project staff perceived that the project acknowledged and utilized existing resources effectively within the community. Examples to support this were as follows:

- Community halls and schools were used at no cost
- Space was provided in community newspapers and newsletters
- In-kind support such as food and funding was contributed
- Volunteer involvement

*“I found the media very supportive...they were very receptive to covering community activities.”*

*-project staff*

Linkages with more than 30 community-based groups (e.g., Women’s Institutes, Agricultural Societies, Family and Community Support Services, and County Lifelong Learning Associations) were formed in **Heart of the Land**. Through these partnerships, resources were shared and maximized to support heart health activities. In many cases, a collaborative working relationship among community groups, agency partners, and the project was formed.

*“We worked together to accomplish heart health in communities.”*

*-project staff*

The people from the targeted communities were the most valuable resource. In particular, community members rallied to help in many ways with the heart project. Examples of volunteer activities include the organization of active living classes, the coordination of articles for newsletters, and the assistance with risk screening clinics. Community volunteers felt that working together with project staff was a key element for success. They did warn us that it is the same people involved in many rural activities, so burnout is a real concern for volunteers.

*“There was no shortage of volunteers in this project.”*

*-project participant*

Both community groups and project staff felt that the combined resources of the project and community were necessary for the heart health project. Community groups said that they could not be totally responsible for providing necessary resources for **Heart of the Land**. The focus on risk screening events required many resources and this likely led to the perception that project resources were paramount. Information, education resources, technical support and guidance provided by health professionals were undoubtedly critical to risk screening clinics.

*“I think we have to be realistic, we don’t have a hospital, so I think we have to go outside the community for some things; but I don’t see that as a criticism, I think it is just a reality.”*

*-project participant*

With ongoing coaching, facilitation and support from project staff, the level of dependence changed. Increased community involvement and leadership resulted, and communities began to resource activities from within and access outside resources when needed.

*“You learn a lot when you come together to work on these types of projects.”*

*-project partner*



# Ideas for Developing Community Resources

## **1. Check out local organizations and businesses.**

Find a listing of community groups, government and non-profit agencies, service clubs, schools, self-help groups, and businesses. Often communities have community resource directories, and it is typical of phone books to have a section devoted to organizations, associations and businesses. The more that business and non-profit groups work together, the greater the collaboration to effectively use resources.

## **2. Elicit interest from local groups.**

Review the list of groups and ask which of these organizations might be interested in getting involved with your project or initiative.

## **3. Connect with as many groups and agencies as possible.**

Make a telephone call, arrange a meeting, or send a letter to the leaders of these groups. Introduce yourself and provide background information on the project or issue at hand. If possible, discuss the situation with community groups and businesses to pique their interest and get commitment.

## **4. Check out if there is a community association or interagency council.**

Often there are local interagency councils or existing networks of associations and businesses that you could tap into. This network could constitute a forum for identifying and sharing resources for a project. If your community is small perhaps a local organization could facilitate the formation of partnerships in project development.

## **5. Point out the benefits of forming partnerships.**

Clear advantages need to be communicated with groups and businesses in forming partnerships. These groups want to know what they are getting involved in and what the return on their investment will be.

## **6. Volunteer development and appreciation is important.**

Check out whether there is an organized volunteer group in your community. When working with volunteers, remember to ask how they want to be involved. Have volunteers participate in the planning, implementation and evaluation of activities. Identify clear, specific, and easily understood tasks and honour your volunteers with recognition and appreciation.

## **7. Access external resources when needed.**

Generate a list of outside resources necessary to complement those not readily available in the community. Check availability of outside resources and make contact.

## **Summary – Resources**

A community successfully develops resources when it:

- Shares a common vision for a preferred future
- Facilitates linkages and partnerships to share resources
- Is able to access resources outside the community when needed
- Incorporates the help from volunteers
- Keeps members informed of current issues
- Fosters a sense of pulling together
- Communicates and celebrates successes





# CAPACITY DOMAIN 4.4

## Knowledge and Skill

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# Knowledge and Skill

*“Indeed, the health educator’s ideal role often is described as that of an enabler, one who remains in the background providing resources, and creating situations in which community members can develop their skills, set their own goals, and engage in collective problem solving.”<sup>13</sup>*

**We define** knowledge and skill as the recognition of the attributes and experiences of community members and consider this as a necessary first step to build community capacity. It then follows that the ability of the community to utilize these in effective ways becomes key. Community members develop, enhance, promote, and strengthen necessary skills to take action on health issues.

**We believe** that all types of knowledge and skills are present within communities and they must be recognized, affirmed and utilized. The community needs to support the development of new knowledge and skills and community members must participate in the development of learning activities. We also believe that an effective process must be in place to keep community members informed of local issues.

**The knowledge and skills** of people in communities are rich and abundant. The more these skills are acknowledged, utilized and developed further, the greater the community capacity. Knowledge is more than just what is learned in an education

course, it is the culmination of life’s learnings and experiences. Kretzmann and McKnight<sup>14</sup> identify three gifts that each of us can bring to our community:

1. Gift from the head or our knowledge and our ability to learn.
2. Gift from the hands or our skills in the things we can do.
3. Gift from the heart or our love, caring, and passion.

These gifts may be sought out by project organizers, offered by community members, and developed further through community initiatives. Sometimes people think that because they are not *icertifiedi* in a specific area, they have little of value to offer. We believe this is not true and with cultivation you can involve all people in a project. Without diverse and broad input and insight into community issues, the solutions and outcomes will not be as effective and sustainable.

Building on past experiences in the community (a) provides a basis for planning new learning opportunities, (b) helps people feel that they have something valid to contribute, and (c) assures them that you are listening to their concerns and needs. This fosters a sense of belonging and reinforces ownership among community members in meeting their knowledge and skill goals.

By acknowledging and encouraging input from the community we can tailor

knowledge and skill development more suitably. Providing opportunities for learning in areas of most relevance often increases participation and promotes leadership. Community members who are more knowledgeable will be more confident that they can make a difference. There is no more powerful advocate for projects than a community member who has become informed and wants to share his/her personal experience. People with new knowledge and skills can emerge as community “champions” or leaders to elicit commitment and bring momentum to an initiative.

**Knowledge and skill development** must be pertinent to the needs and fit with the lives of community members. Information must be of interest and relevant to the target group and shared in a meaningful way. For example, young people are not going to be interested in how they can lower their blood cholesterol, but they might be interested in how to choose low fat foods to look and feel good. Through the sharing of stories we can create learning opportunities.

Communities must have processes in place to gather and share information, and educate its members on major issues. Information needs to be accessible from within or outside the community. Ask and listen to community members as to what medium (e.g., workshops, newspaper articles, trade fairs, web sites) will work best to develop their knowledge and skills.

## *Heart of the Land Experience*

Feedback from participants indicated that they felt that existing knowledge and skills of the community were well incorporated into the project. For example, the integration of local health professionals such as nurses, physiotherapists, social workers, and fitness instructors and their knowledge and skills was well received. Their capabilities, credibility and community insight were deemed to be valuable.

It was noted that physicians could have been more involved with the project. Physicians in rural communities are well respected as health information sources and their involvement might have led to further credibility and sustainability with the heart project.

*“We used different people in the community, such as the local pharmacy staff to share heart information.”*

*-project staff*

We noted growth in the number and type of volunteer throughout the project. Not only this, we saw the range of work that volunteers did expand. “Train the trainer” sessions were instituted and these appeared to work well, in that we were able to train volunteers for an initial risk screening clinic, and they in turn recruited and trained other community members for subsequent clinics. As a result of their involvement in the clinics, volunteers went on to do things like prepare and coordinate articles for newsletters, and organize fitness classes and walking groups.



*“In one town, the newsletter editor made it her mission to ensure that there was information on heart health in each edition.”*

*-project staff*

We found there was learning for those who participated in the project’s education activities. Activities such as heart healthy cooking and shopping courses, fitness classes, recipe distribution, cookbook development, tobacco reduction displays, contests, and newsletter articles, were indicated by participants as having increased their knowledge and helped change behaviors. This was particularly the case with healthy eating and active living behavior.

Risk screening clinics were successful in both using and increasing the knowledge and skills of community participants and volunteers. Refer to ***Handbook for Heart Health Strategies in Rural Communities*** for more detailed information on strategies used in **Heart of the Land**.

The **Heart of the Land** project made an impact on community awareness. When asked about what the community learned from the project, one focus group participant replied

*“I think it (the project) woke a lot of people up as to diet, exercise and everything around health care... It got a lot of people thinking more about their health.”*

*-project staff*

Community members acknowledged that they learned that the community needs to

be involved in implementing healthy policies and create environments supportive of heart health. They also suggested that younger adults were not as involved as they might have been—the average age of participants was 54 years. We need to promote the benefits of heart health for the involvement of all age groups and sectors in the community.

## Ideas for Increasing Knowledge and Skill

### **1. Involve community in the planning of programs.**

Active participation in the planning, delivery and evaluation of education activities increases learning and commitment. By doing this, the learning from one event is more likely to be applied to another. Tailor programs to the needs of those who are participating.

### **2. Acknowledge skills and knowledge present in communities.**

Let people know their contributions are valued and their experience counts in the development of community learning.

### **3. Work through existing information networks and vehicles in the community.**

Rather than create stand-alone opportunities in the community for learning and skill improvement, integrate or piggyback onto existing programs. This can often be more efficient and effective in planning and communications.

#### **4. Support a learning environment.**

This might involve bursaries or subsidies for individuals to attend sessions outside the community. It might mean education institutions come in to the community to offer courses. Train the trainer workshops are effective where a group of people can be trained to teach skills to others. Incorporate trained people into ongoing community education programs and encourage them to assume leadership responsibilities. Take time to reflect upon what is happening in a project or initiative and discuss challenges and successes.

#### **5. Provide opportunities for adult education programs.**

Work with a local school district, community college or county learning association to bring programs for adults into communities.

#### **6. Set up a clearinghouse of resources.**

Establish a library or clearinghouse that houses information on special interest topics and on local people with special knowledge and skills. Network with local and regional libraries for interlibrary loans of resources. Establish a place where everyone in the community can access the Internet.

#### **7. Develop a speakers bureau.**

Establish a list of speakers or trainers in or outside the area who can present on

various topics. Share this with community groups and other communities.

#### **8. Use the media.**

Use the media to share information and highlight the skills of local members.

Encourage people to write up and share their expertise and knowledge with others.

### **Summary-Knowledge and Skill**

Increasing knowledge and skills in a community requires:

- Identifying who has what knowledge and skills and then using these
- Finding out what knowledge and skills people need and want
- Supporting the development of new knowledge and skills
- Informing people about what is happening (e.g., meetings, newsletters, Internet websites)
- Involving volunteers





## SECTION 4.5

# Participation

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# Participation

*“Citizen participation in political, community, and neighbourhood affairs is critical to the creation and maintenance of a strong, vibrant community.”<sup>15</sup>*

**We define** participation as the right and responsibility of community members to get involved in local decision-making. This means there needs to be a fair distribution of power that seeks inclusiveness of all members of the community. Participation also means the presence of many associations and groups in a community and the subsequent involvement of people in voluntary organization, mutual support groups, and social movements.

For practical purposes we have divided community participation into two parts: (a) participation in activities, and (b) participation in decision making. Let's look more closely at these two parts.

## 1. Participation in Activities

**We believe** that community members should be encouraged to participate in all sorts of events of interest. People must want to participate willingly in activities and therefore programs must fit their needs. Participation enhances social interest and connections and this influences health.

### **Participation is**

- an ongoing, integrated, whole community system approach.
- an evolving, organic and dynamic process.

■ a structured process involving learnable skills. Participation requires a commitment to openness from everyone involved.<sup>16</sup>

**We believe** that participation is an ongoing, evolving process within a community that takes time and energy to nurture. A community without regular interaction among citizens is simply a group of people living in the same place.

**Community participation** is critical to the creation and maintenance of a strong, vibrant community. Community spirit is created when people come together and actively participate for a common purpose.

## *Heart of the Land Experience*

Rural community members participated in Heart of the Land for several reasons. Some participants' curiosity and interest was piqued because of the opportunity to be involved in a research project. There are few opportunities for rural people to be part of research projects that take place right within their community. Many participants wanted to increase their personal knowledge of heart health. Others wanted to find out what their heart disease risks were and get information as to how they might change behaviours.

*“It was kind of a ‘Walmart’ project (risk screening clinics,) you could come in and kind of get everything at the same time.”*

- project participant

The fact that most events were held right within the community was a clear benefit to participants. Participation was enhanced due to convenience and accessibility of events. Feedback from community members indicated that the personalized attention they received at project events had a positive influence on continued participation.

Participation grew over the first two years of the project and then fell off in the latter years. We speculate this happened because there was no clear vision for a heart healthy community. At first people came for personal information, and when this had been satisfied their participation waned. Few opportunities existed to help shape continued activities that targeted the community.

Incorporation of heart health into social events (e.g., picnics, dances, and community suppers) had considerable value. Participation was enhanced because of the broad spectrum of the community reached. One project partner related that this was a major accomplishment – linking a health issue with the social life in the community. Overall, community members stated that they felt participation in heart health events was fairly indicative of participation in other community-sponsored events.

*“For the size of this community, I think participation was pretty darn good.”*

*-project participant*

## Ideas for Increasing Participation in Activities

### **1. Build positive relationships with people.**

Connect with as many people and groups as possible. Build trust with the community by listening to and affirming individual and collective experiences. Facilitate a comfortable and open environment in which people want to participate. Be patient as time spent on this at the start of a project will pay off down the road. People will participate in more meaningful ways if a positive foundation has been built.

### **2. Respect the uniqueness and diversity of the community.**

Each community is different and has its own special characteristics. Get to know the community and help people create opportunities for participation that are relevant. What works in one community will not necessarily work in another. Support the community in reviewing their needs and selecting the best strategies for them. Recruit community members to identify and promote the benefits of these strategies to their friends and colleagues.

### **3. Identify and remove barriers to participation.**

This might mean providing supports such as child care, transportation, and reduced costs for activities in order for all people



to participate in community activities. It might mean making a special effort to get new people in the community involved. A community is richer by having all its members participate in activities. Social interaction and support, in and of itself, is believed to be conducive to better health.

#### **4. Connect participation with empowerment.**

As people participate more, they may be empowered through increasing their knowledge, information, skills, connections to others. Empowering activities support people to make healthy personal choices and to take responsibility for positive family and community decisions.

#### **5. Recruit volunteers.**

To increase community participation, involve volunteers in as many ways as possible (refer to ***Handbook for Heart Health Strategies in Rural Communities: Strategy 5.3***). Go to where people naturally gather to ask for volunteers (e.g., workplaces, recreation centres, schools and churches). Provide good training for volunteers and be clear about tasks that have been chosen. Remember to publicly recognize volunteers, as this not only promotes people to stay committed but also facilitates understanding of more people around an issue and empowers them to take community action.

#### **6. Create a participatory and learning environment.**

Establish ground rules to provide a safe and open environment to optimize participation at all meetings. Divide a larger group into smaller groups (6-10 people) to foster participation. People are more comfortable discussing issues in a smaller, more intimate group and this leads to better results by allowing all to fully participate. Ask open-ended, focused questions that encourage discussion and include all members, not just the talkative types. Include the purpose and outcomes on agendas for meetings to ensure that everyone knows the intent and what will be discussed at meetings. Review these at the beginning and end of meetings. At the end of every meeting ask what was learned. Use aids such as flip charts to record and share group information, and incorporate overheads and audiovisual aids to present information. To be a facilitator you need to be prepared and have fun.

### **Summary - Participation in Activities**

For community members to fully participate:

- Opportunities are created for participation of all community members
- Activities are planned so people of all ages feel comfortable
- Programs and activities are designed to fit the needs of the people
- Evaluation of activities are conducted in order for learnings to be shared

## 2. Participation in Decision-Making

**We believe** that it is the right and responsibility of people to get involved in local decision-making. In order for this to occur, there must be an open and transparent forum for community members to identify problems and to actively participate in solving these problems.

**Participation in decision-making** includes voting in local elections, serving on boards of community organizations, attending public meetings, and making your voice known on issues to community leaders. Participation means asking questions and involving people in finding the answers. Community participation is necessary to achieve equality in our communities.<sup>17</sup>

**Participation in decision-making** should be continuous in a community, and not just when there is a community crisis and citizens are rallied to resolve a major issue. A learning and involved community is stable, advocates effectively without polarizing people, and works toward consensus without excluding community members.

**We believe** that the greater the involvement of the community in decision-making, the greater the chances are for success, sustainability, and creativity in initiatives. Community participation in decision-making enhances community capacity.

## *Heart of the Land Experience*

In the heart project, the communities perceived their participation in decision making to be minimal. They felt that project staff, for the most part, made the decisions around project implementation, especially the risk screening events. Few processes were facilitated to increase community ownership in the planning, implementation and evaluation of heart health activities. An exception to this was one community that formed a heart health planning group and organized a health fair in the final year. Where community members took ownership for an event like this, they perceived their participation in decision-making was higher. Also, where there was involvement by community service agency leaders, people felt they had more participation in decision-making.

*"We were constantly checking with the project coordinator to see if we had it right."*

-project participant

*"In decision-making, only a few had a chance to make one because there was a very small group involved."*

-project participant

The change in approach, from one of project coordination to community facilitation (see **Section 2**), that the heart project took in the final year was made without community involvement. We now know that this too may have contributed to the community's perception that they were not active participants in decision-making. From this

we learned that it is important to involve the community in decision-making at every stage of the process.

## Ideas for Increasing Participation in Decision Making

### 1. Establish a formal mechanism for community decision-making.

Encourage the establishment of a community network. A network is a group of people who represent many community interests and are willing to be the planners and decision-makers (refer to **Handbook for Heart Health Strategies in Rural Communities: Strategy 5.1**). Support the network to make decisions and implement activities.

### 2. Involve the community in decision-making.

Encourage other organizations and volunteer groups to provide input into decisions. Create a safe and open environment for discussion by ensuring all points of view are expressed and heard. The community will participate more if they are actively involved in making decisions and if they are able to focus their energy on the areas of greatest interest and importance.

### 3. Facilitation support is critical.

A facilitator should be neutral. This means that they should have no personal investment in the issues that are presented. They should guide the decision-making

process without influencing the content of the decision. A facilitator's job (refer to **Handbook for Heart Health Strategies in Rural Communities: Strategy 5.6**) is to create balanced 'air time' for all participants and to help resolve conflict constructively. The focus is on good group decision-making process. Working toward consensus building is important—creating win/win situations—with all participants willing to support and speak positively about group decisions, whether they personally agree or not.

### 4. Establish mechanisms for participation in decision-making at a young age.

Integrate leadership programs into schools, recreation programs, and youth groups. Apply the principles of consensus building to group decisions and create opportunities for kids to learn the process. Be a role model.

## Summary- Participation in Decision Making

Community participation in decision-making requires:

- A structure like a community network or meeting for people to get together
- Many in the community to be involved, not just a few individuals
- Open and transparent process for discussion and decisions
- Opportunities for leadership development



## CAPACITY DOMAIN 4.6

# Leadership

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# Leadership

*“The leader has a vision...The first task of the leader is to communicate this vision and co-create with group members. . . . Developing alternatives of action to turn the vision into reality is the leader’s second major challenge . . . everyone in the group must get involved and participate. . . .The third challenge is to sustain activity. . . . The leader pursues not a plan, but, rather a constant understanding because as the environment changes, so does the vision. . . . There are no tried and true techniques; intuition, feelings, and belief in the vision guide the leader in the right direction.”<sup>18</sup>*

We define leadership as dynamic and responsive individuals or groups who provide support and direction, recognize that all community members need to be heard, and acknowledge community and individual achievements. The development and recruitment of new community leaders is valued. Leaders facilitate networks of people to maximize community resources.

We believe that dynamic and responsive leadership:

- Facilitates community consensus building and collaboration
- Is developed from within the community
- Is about problem-solving, planning, communication, and conflict resolution
- Facilitates pride in the community

Some say that the leaders who are most effective in addressing public issues are not necessarily the ones who know the most about the issues. Rather, they are the ones who have the credibility to get the right people together to create visions, solve problems, and reach agreements about implementing actions. They are not the leaders who tell us what to do. Instead, they are the ones who help us work together constructively. They have an inherent belief that citizens can work together to address their own needs.<sup>19</sup>

We believe that any citizen has the capacity to practice collaborative leadership.

Collaborative initiatives, when carefully conceived and designed, can begin in any part of the community through the committed work of any citizen.

In our fast-paced world of technology and change, today’s communities require a new kind of leadership. Consensus and collaboration are necessary in order to bring about positive, sustainable change. Consensus building involves reaching common ground upon which the whole group can find agreement. It may not be the best solution to a problem or issue but it is a solution that everyone can live with.<sup>20</sup> Collaboration comes from the Latin roots—*com* and *laborare*—meaning to work together.

**Collaborative leaders** have the ability to rebuild something that has been lost as well as create and build something new—a vision

for the future. Today's leaders must be committed to creating environments where decisions can be made collaboratively, teamwork is fostered, learning is valued, issues are dealt with proactively and creatively, and all people are included and empowered. This contributes to community ownership and participation. Leaders of today must recruit and develop the leaders of tomorrow.

### *Heart of the Land Experience*

In the **Heart of the Land** Project, community members felt that the leadership rested with the project staff. There were few opportunities initiated to facilitate leadership development within the targeted communities.

*"We were good at facilitating task leadership, but I don't think we developed leadership in planning. It takes time for this to happen."*

-project staff

There was a greater degree of leadership assumed by the communities where there were agencies with a community development focus such as Family and Community Support Services. We found shared leadership was more difficult to achieve in true rural settings. In fact, some of these folks thought that leadership should rest with the project as staff have more credibility and expertise. Further probing led us to learn that the target communities do have the capacity for leadership, but people did not feel they

could assume this role. On several occasions people told us that they did recognize, with cutbacks in healthcare, they would have to assume greater responsibility for their community's health in the future.

## Ideas for Developing Leadership

### **1. Identify leaders.**

Build positive relationships with these leaders. Recognize and validate their efforts. Work with these leaders to further build an environment supportive of community ownership and collaboration.

### **2. Create supportive environments for leadership development.**

Identify and recruit new leaders on an ongoing basis. This can alleviate the problem of "burnout" in community leaders. Promote mentoring for new leaders by establishing collaborative relationships between existing and new leaders. Encourage people to take leadership development, mediation training, meeting management, and conflict resolution skill development (e.g., adult education programs, through community or college workshops).

### **3. Celebrate successes.**

Start by planning small projects with easily achievable outcomes and celebrate success. This will increase confidence and a sense of accomplishment. Acknowledge the efforts of those involved, including the leaders.



#### **4. Encourage shared leadership.**

Identify and facilitate opportunities where several people can share decision-making. Leaders must be proactive in this area so that more people can share in the learning and be responsible for community action. People learn best when they work on the problem first hand.

#### **5. Demonstrate shared leadership.**

Create situations where new leaders take action and then share in the learnings around the successes and challenges.

#### **6. Revitalize with humour and fun.**

Plan informal and fun events for people to help create positive environments for rejuvenation, building self-confidence and interest in becoming a leader.

## Summary – Leadership

Effective community leadership is demonstrated through:

- The development of new leaders
- Participation by many people in all aspects of decision making
- Communication of a positive and compelling vision for a preferred future
- Successful actions that work toward a vision
- Collaboration and shared leadership

# CAPACITY DOMAIN 4.7

## Critical Learning

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# Critical Learning

*“The key to health promotion is the application of a rigorous critical analysis of the context, issues, barriers, capacities, and positions of those affected to achieve intended outcomes.”<sup>21</sup>*

**We define** critical learning as a process to reflect upon what is happening within a project or community in order to enhance the community’s ability to analyze and understand its circumstances. Lessons from the past are valued in order for successes to be repeated and failures avoided. Effective community learning is participatory and builds confidence in the learner.

**We believe** that a community with capacity is always learning. Public dialogue is fostered in order to discuss the impact of a project or event. Successes and challenges are identified, analyzed and lessons learned. These learnings are then applied in future initiatives.

**Critical reflection is like** using a camera lens to focus on what has been happening and how people are working together. Taking this camera analogy further, you can use a telephoto lens to zoom in on selected activities and a wide-angle lens to look at the broader picture of the whole project or initiative.

**Critical reflection is about** people coming together to talk and look for meanings in what has happened or is currently going on. Communities need to discuss how projects are going. It is important to be able to describe the changes occurring over time

and understand how these changes took place. Items to be discussed might include:

- Are our efforts going to help achieve the vision?
- Is participation in the project what we had expected?
- Are more people involved in community decision-making?
- What evidence is there of collaboration?

Learning and capacity building are inseparable. When community projects are evaluated (see ***Handbook for Assessing Community Capacity***), successes are more likely to be repeated and failures avoided. A community that takes time to critically reflect on itself and how community processes are working will be richer in experience and learnings—it keeps a community dynamic, flexible and progressive. As the focus of health and social programs shifts from the individual to the community, it becomes imperative for people to more fully understand their community dynamics and be able to explain how the community works.

## *Heart of the Land Experience*

*“We had one or two formal meetings and I talked to lots of people informally.”*

*-project staff*

In our project, there were a few opportunities to formally talk about how the project was going. Some discussion took place with respect to specific tasks and activities, however, there were no planned meetings where a process was facilitated with



community volunteers and project participants about the project as a whole.

*“As for community round table discussions, we really did not do very much.”*

*-project participant*

## Ideas for Facilitating Critical Learning

### 1. Establish time for critical learning.

Plan strategic times to evaluate a project or initiative and the outcomes. Refer to the third handbook in this series ***Handbook for Assessing Community Capacity*** for details on assessing community capacity. We would recommend doing this with a group of community members. The very process of discussing what’s happening and why, coupled with examples, provides the foundation for learning. Although the times will vary with the nature of the project, critical learning should occur throughout the project. In this way learning can be applied prior to the completion of the project. Critical reflection at the end of the project is also helpful for evaluation purposes and can be applied to future endeavors in the community.

### 2. Integrate critical learning into each meeting.

Establish desired outcomes for every meeting and ask the group if the outcomes were accomplished. Guide the

group to evaluate the meeting process and outcomes. For example you might ask—What worked? What didn’t work? Why? What would you do differently? What did we accomplish? As a facilitator it is important to help the group apply these learnings to future meetings in an effort to demonstrate how critical learning is of value and to model the integration of lessons learned. This is an opportunity to make meetings more meaningful.

### 3. Encourage broad community participation.

Ensuring there is a wide variety of community perspectives involved in critical learning will strengthen the power of the learnings. Use small group discussion as people generally feel more comfortable in sharing their ideas in this way. This might mean getting a few representatives from groups together, or going to community groups. Capture the thoughts of those who may not want to participate in a group situation in a personal interview or a letter and bring this information to a group meeting.

### 4. Use a variety of techniques to engage in critical learning.

It is generally agreed that a process such as a focus group provides the best environment for critical learning. A survey of (or interview with) individuals can also be used but is not thought to produce the same learnings. Open-ended questions

will stimulate thought on the broad issues and on specific activities. Getting people to keep a journal of how a project is going and the review of these entries can offer food for thought in critical reflection. Sharing written or verbal stories about a project or situation can be powerful in reflecting back on how things worked or people's feelings about a situation. Be creative. Again, it is the dialogue component of critical reflection that is valuable.

#### **5. Document learning for future reference.**

Establish a method for recording and communicating the results of critical reflection. For example, write up the learnings in community newsletters and share the information at a network meeting. Make this information available for everyone. Look for opportunities to share learnings with other communities.

#### **6. Invite people to examine and share their assumptions.**

In the process of critically reflecting on a project, encourage people to become aware of their own beliefs and to listen to the perspectives of others. Discuss differences. This discussion will reveal many points of view and enriches the learning process. Collective learnings will be of more value than individual ideas.

#### **7. Establish a safe environment in which people can ask questions.**

Develop ground rules that involve respect for the opinions and participation of everyone. The environment for critical reflection should be open, transparent and non-judgmental. Allow people to be tough on issues, not their neighbours.

#### **8. Establish mentoring opportunities.**

Encourage people to guide, tutor, or counsel others to develop expertise in critical reflection. It takes skill to facilitate a good process, compile ideas into meaningful learnings, communicate learnings, and apply learnings to other projects.

### **Summary - Critical Learning**

Critical learning is developed and sustained in a community when:

- Good process is facilitated
- People get together and value the need for reflection
- Discussion is centred on learning from successes and challenges
- Learnings are applied to other community projects or initiatives

# SECTION 5

# GLOSSARY

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# Glossary

**A Fair of the Heart**—heart risk screening clinics with strong health education and social components held at a community hall or school in the rural target area.

**Agricultural Society**—a municipally and provincially funded community group that provides rural infrastructure and programs.

**Community capacity**—the ability of the community to work together to effectively take action on its unique health concerns.

**Community capacity domain**—area of influence for community capacity; we identified seven of these: experience of community, shared vision, resources, knowledge and skill, participation, leadership, critical learning.

**Community mobilization**—a process where project staff work with community members and groups to reduce risk behaviours and improve lifestyle.

**Community network**—an organized group of people in a community who have come together for a common purpose to plan, implement and evaluate a health promotion initiative.

**Critical learning**—a process to reflect on what is happening within a project and brings to life the community's ability to analyze and understand its circumstances; lessons from the past are valued in order for successes to be repeated and failures avoided; effective community learning is participatory.

**Empowerment**—enabling process through which individuals and communities take control over their lives and their environments.

**Experience of community**—a sense of belonging to the community: a shared history and an identification with the community. One's sense of community is supported by traditions, celebrations, ceremonies and rituals; these are ways community members come together to recognize and renew their relationship to one another.

**Facilitator**—a person who designs and guides a process to involve people in decision-making, develops community leadership, builds on existing resources and advocates for healthy public policy.

**Family and Community Support Services (FCSS)**—provincially and municipally funded preventive social services that are unique to Alberta; most cities, towns and municipal counties have a board and a coordinator and together they identify community needs and fund programs and services to address those needs.

**Focus group**—an organized group of 6-10 people who are asked their opinions on a series of structured questions; a facilitator guides the process and a recorder captures the comments.

**Heart of the Land**—one of four research demonstration sites in the Alberta Heart Health Project (1993 to 1997); part of the Canadian Heart Health Initiative.

**Input**—all the resources (including human and financial) that are available and allocated to a project or initiative.

**Intersectoral**—different organizations, networks, and groups within a community coming together for a common purpose.

**Intervention**—another word for strategy; however, can be described as a specific plan or activity.

**Knowledge and Skill**—the recognition and application of attributes and experiences of community members; community members develop, enhance, promote and strengthen necessary knowledge and skills to take action on health issues.

**Leadership**—dynamic and responsive individuals or groups who (a) facilitate public dialogue allowing all community members to be heard, (b) recognize and acknowledge community and individual achievements, (c) develop new leaders, and (d) network to maximize community resources.

**Outcome**—the change or benefit that results from the project or initiative.

**Output**—the results of a project or initiative that are reported in terms of amounts (e.g., participants, activities).

**Participation**—it is the right and responsibility of community members to get involved in local decision making; this means there

needs to be a fair distribution of power that seeks inclusiveness of all members and groups in the community; the presence of many associations and groups in a community and the subsequent involvement in these groups and social movements are also indicators of participation.

**Partner**—someone (person or group) who collaborates with others to combine resources to support a project.

**Process**—the way in which things get done.

**Resources**—are time, money, leadership, volunteers, information and facilities within the community and the ability to access these outside the community.

**Shared vision**—a clear and compelling picture of a preferred future; the desired future can be described as shared purpose or goal for the community.

**Stakeholder**—an individual or group that has a stake or interest in the results of the community

**Strategy**—a general description of the type of activities that are planned in order to work toward a vision or goal.

**Sustainability**—the ability to carry on and support action.



# SECTION 6

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